



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## ANGOLA

The first case of AIDS in Angola was reported in 1985. Perhaps due to the initially isolating effects of civil war, Angola's HIV prevalence to date has remained significantly lower than HIV prevalence in neighboring Democratic Republic of Congo, Namibia, Zambia, and Zimbabwe. At the end of 2001, the Joint United Nations Programme on

HIV/AIDS (UNAIDS), estimated that approximately 320,000 adults in Angola were living with HIV/AIDS, an adult prevalence of 5.5 percent. However, UNAIDS recently reported a "troubling rise" in HIV infection in the country. Significant increase in prevalence has been documented among pregnant women attending antenatal clinics in Luanda. In 2001, 8.6 percent of the women were HIV positive, up from 2.1 percent in 1995. According to UNAIDS estimates, approximately 100,000 children had lost one or both parents to AIDS at the end of 2001.

As with other parts of sub-Saharan Africa, the main mode of HIV transmission in Angola is sexual intercourse, in particular multiple-partner heterosexual activity. The sex industry has been particularly affected, fueled by large-scale displacement to urban areas due to civil strife, and migration due to economic conditions. At the end of 1999, 19.4 percent of female sex workers in urban areas were HIV-positive. Prevalence among commercial sex workers (CSWs) tested in the city of Luanda increased to 33 percent in 2001. Perinatal transmission is also of concern. Approximately 30 to 40 percent of Angolan infants born to HIV-positive mothers become infected with HIV. Six percent of AIDS cases occur in children under age 5, and mother-to-child transmission (MTCT) accounts for about 14 percent of all HIV infections, according to 1999 Ministry of Health estimates. Without wide-scale access to, and use of, appropriate prevention of MTCT, these rates of perinatal transmission are set to continue.

A recent survey by UNICEF and the National Institute of Statistics reported that only 8 percent of women have adequate knowledge of HIV transmission and prevention. Knowledge was lowest in the north and south, but slightly better in the capital, where 20 percent of women could name three ways of preventing HIV/AIDS.



Map of Angola: PCL Map Collection, University of Texas

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	350,000
Total Population (2001)	13.5 million
Adult HIV Prevalence (end 2001)	5.5%
HIV-1 Seroprevalence in Urban Areas	
Among population groups at high risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	19.4%
Among population groups with no known high-risk factors (e.g., pregnant women, blood donors, or others )	8.6%

Sources: UNAIDS, U.S. Census Bureau

A host of factors are fueling the spread of HIV/AIDS in Angola, including movement of troops, rural-urban migration, refugee migration in and out of neighboring countries, increasing numbers of sex workers, a high incidence of sexually transmitted infections (STIs), limited access to health care facilities due to destruction of the health infrastructure, an increasing number of blood transfusions, and limited condom availability and use.

In April of 2002, a peace agreement was signed between the government of Angola and UNITA, the rebel army. Since that time, many large parts of the country have become more accessible; trade has flourished

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and population movements have increased. As borders between Angola and its neighbors become more porous, and as members of demobilized military units and refugees return to their homes, HIV transmission is expected to increase dramatically.

## National Response

Despite the country's social, political, and economic problems, several HIV/AIDS prevention and mitigation activities have been carried out by the government, nongovernmental organizations (NGOs), churches, foundations, and communities. In 1987, the *Programa Nacional de Luta contra o SIDA* (PNLS) was created to coordinate national prevention efforts and donor-supported activities. The PNLS has a central administrative body located in the Ministry of Health. Since its inception, the PNLS has been involved in gathering data and developing the national response. Currently, funding for all HIV/AIDS and STI interventions, with the exception of salaries for nationals, comes entirely from external sources. PNLS, in collaboration with UNAIDS, developed a multisectoral response to the epidemic.

The PNLS is guided by the following objectives:

- Advocacy for HIV/AIDS/STI prevention at all levels of society;
- Monitoring the surveillance of STIs and HIV/AIDS, and clinical and sociocultural aspects associated with the epidemic;
- Preventing HIV transmission through blood;
- Reducing MTCT;
- Improving capacity to treat STIs and the opportunistic infections associated with HIV;
- Promoting counseling and social support for those living with HIV/AIDS and/or STIs;
- Promoting social support for AIDS orphans; and
- Promoting multisectoral cooperation to broaden national support.

Angola developed a national AIDS strategy in 1999, with participation from 14 government Ministries, the National Assembly, NGOs, churches, UN agencies, people living with HIV/AIDS, and donors. The strategy covers the 2000-2002 period and involves all sectors of civil society, the military, and the international community. A follow-up strategy has not yet been developed.

## USAID Support

The U.S. Agency for International Development (USAID) began HIV/AIDS-specific programming in Angola in 2000. In FY 2001, USAID allocated almost \$1.5 million toward HIV/AIDS programs in Angola. Programs focus on condom social marketing and HIV/AIDS information, education, and communication activities targeting vulnerable groups.

USAID supports the following country programs:

### Advocacy

USAID collaborates with representatives of the private sector on HIV/AIDS activities. In 2001, a group of American oil companies procured all the needed condoms for Angola's social marketing campaign, at a value of more than \$1 million. In 2002, Nike and Coca-Cola have supported components of USAID-sponsored HIV prevention activities. Currently, USAID and the oil company Exxon-Mobil are discussing the combined support of centers for voluntary counseling and testing (VCT) for HIV, in coordination with the U.S. Centers for Disease Control and Prevention (CDC).

In addition, USAID has worked with the Angolan Catholic Church to garner its public support for fighting AIDS. Reaching an understanding with the Catholic Church represents a major accomplishment on the part of USAID, and will be of great assistance to all organizations implementing HIV/AIDS prevention activities in Angola.

### Behavior Change Communication

Six Angolan NGOs conduct peer education activities among youth in and out of schools and among commercial sex workers, communicating messages on STIs, condom use and negotiation, and abstinence. In addition, a workplace program has been initiated in which employees at different levels within companies are trained as peer educators, provided with discussion guides, and hold regular meetings with their colleagues to discuss issues about HIV/AIDS, STIs, and safer sexual behavior.

## **Condom Social Marketing**

USAID supports an ongoing condom social marketing program that targets sex workers and youth in Luanda, Cabinda, Benguela, Huila, and Huambo provinces. *Legal*, a new condom brand, was introduced in the spring of 2001. More than 5 million condoms were sold during the first year of marketing, doubling the goal set for that period.

Condom social marketing activities are complemented by interpersonal communication (see above) and mass media initiatives, including a weekly radio talk show, a weekly telenovella (soap opera), posters, billboards, sporting events, and rock concerts.

## **Voluntary Counseling and Testing**

USAID, in partnership with the CDC, co-sponsors four clinics in Luanda, which provide quality VCT and STI management services. These clinics represent 70 percent of the available testing sites in the entire country, and are being used as a model for the development of national VCT guidelines and future scaling up of services on a national level.

## **Operations Research**

USAID partners conduct research to determine knowledge, attitudes, and practice toward condom use, condom availability, and knowledge about sexuality and HIV/AIDS among target youth and commercial sex workers in Angola. Focus group research is also periodically conducted on brand acceptability.

## **Challenges**

Angola faces several challenges in confronting its growing HIV/AIDS epidemic:

- Limited health infrastructure in the provinces;
- Lack of institutional and other interinstitutional coordination mechanisms for HIV/AIDS activities;
- Little community involvement in HIV/AIDS programs;
- Dependence on donor funding
- Limited local capacity to conduct critical analyses of epidemiological information; and
- Lack of political commitment at the highest levels.

## **Selected Links and Contacts**

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2. UNAIDS Country Program Advisor: Dr. Alberto Stella, UNAIDS, c/o President Groupe Thematique des Nations Unies, sur le VIH/SIDA, OMS, CP 3243 Luanda. Tel: (244) 2-33-23-98, Fax: (244) 33-23-14; E-mail: [sida@ebonet.net](mailto:sida@ebonet.net).
3. CDC Country Program Manager: John Cox, c/o USAID/ Angola, Rua Kwamme, Nkrumeh, No. 31, Edificio Maianga, 4th Floor, Luanda, Angola. Tel: (244) 2-399-518/519/520; Fax: (244) 2-339-521/522.
4. WHO Representative: Dr. Paolo Ballardelli, OMS, CP 3243 Luanda. Tel: (244) 2 –33-23-98, Fax: (244) 2-33-23-14, E-mail: [whoang@ebonet.net](mailto:whoang@ebonet.net)
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*Prepared for USAID by TvT Associates/Social & Scientific Systems, Inc., under The Synergy Project  
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**November 2002**

